

07-22-05

1fw AF/1742

PTO/SB/21 (04-04)

Approved for use through 07/31/2008. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/812,406
	Filing Date	March 26, 2004
	First Named Inventor	Nobuyuki TAKASE
	Art Unit	1742
	Examiner Name	Janelle COMBS-MORILLO
Total Number of Pages in This Submission	Attorney Docket Number	3599-000004

ENCLOSURES (check all that apply)				
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return receipt postcard		
<table border="1"><tr><td>Remarks</td><td>The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed.</td></tr></table>			Remarks	The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed.
Remarks	The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed.			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name Bryant E. Wade	Reg. No. 40,344
Signature			
Date	July 21, 2005		

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Bryant E. Wade	Express Mail Label No.	EV 570 164 702 US (7/21/2005)
Signature		Date	July 21, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

EV 570 164 702 US

USPTO MAIL CENTER
JUL 21 2005
EXPRESS MAIL LABEL DATE IN

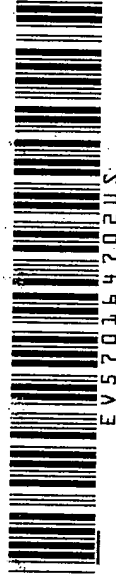
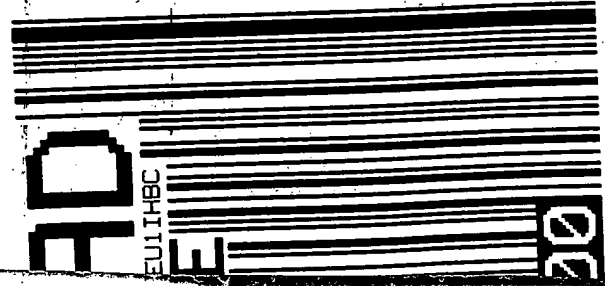
BEST AVAILABLE COPY

RECEIVED
JUL 22 2005

EP 1RD

00015

07721485



EV570164702US

EV570164702US

Addressee Copy
Label 11-F, April 2004



UNITED STATES POSTAL SERVICE®

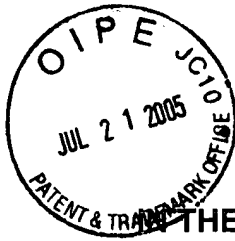
Post Office To Addressee

ORIGIN (POSTAL SERVICE USE ONLY)				DELIVERY (POSTAL SERVICE USE ONLY)			
PO ZIP Code	Day of Delivery	Postage		Delivery Attempt	Time	Employee Signature	
	<input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del Day	\$		Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM		
Date Accepted	Scheduled Date of Delivery	Return Receipt Fee		Delivery Attempt	Time	Employee Signature	
Mo. Day Year	Month Day	\$		Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM		
Time Accepted	Scheduled Time of Delivery	COD Fee		Delivery Date	Time	Employee Signature	
<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Noon <input type="checkbox"/> 3 PM	\$		Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM		
Flat Rate <input type="checkbox"/> or Weight	Military	Total Postage & Fees		<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Mail Only) Additional merchandise insurance is void if waiver of signature is requested. If signature is required, it must be obtained from the addressee or an authorized agent. If delivery employee signature is required, it must be obtained from the delivery employee. If delivery employee signature is required, it must be obtained from the delivery employee.			
15 lbs. 02a.	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Acceptance Emp. Initials		<input type="checkbox"/> NO DELIVERY (Weekend) <input type="checkbox"/> (Holiday) <input type="checkbox"/> (Business Day)			
CUSTOMER USE ONLY METHOD OF PAYMENT: Express Mail Corporate Acct. No.				Federal Agency Acct. No. or Postal Service Acct. No.			

FROM: (PLEASE PRINT)	PHONE
[Handwritten address and phone number]	
TO: (PLEASE PRINT)	PHONE
[Handwritten address and phone number]	

FOR PICKUP OR TRACKING: Visit www.usps.com or Call 1-800-222-1811





PATENT

THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/812,406
Filing Date: March 26, 2004
Applicant: TAKASE
Group Art Unit: 1742
Examiner: COMBS-MORILLO
Title: WEAR-RESISTANT ALUMINUM ALLOY EXCELLENT IN
CAULKING PROPERTY AND EXTRUDED PRODUCT
MADE THEREOF
Attorney Docket: 3599-000004/CO

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

AMENDMENT

Sir:

In response to the Office Action mailed April 22, 2005, please amend the application as follows and consider the remarks set forth below.

Amendments to the Claims begin on page 2 of this paper.

Remarks begin on page 3 of this paper.